

PLEASE
LETTER
PLAINLY
OR TYPE

EMILIO

FIRST NAME

GROSS

LAST NAME

Address 10015 Lamont Ave Cleveland 6

NO

STREET

CITY

ZONE

COUNTY

Tel. 231-1984

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..



Use second blank if required

REC'D MAK 11 1963



Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Ernstvoll Gross

SIGNATURE